

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side.)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Apache All8
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 2325 E. 30th Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1790' FNL x 800' FEL	8. FARM OR LEASE NAME Jicarilla Apache All8
14. PERMIT NO.	9. WELL NO. 24
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 7527' GR	10. FIELD AND POOL, OR WILDCAT NE Ojito Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec 25, T26N, R3W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Additional Completion	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up service unit on 10-8-87. Tripped out rods and pump. Set a castiron bridgeplug at 7350' and capped with 10 gals sand. Pressure tested bridgeplug to 2800 psi. Perforated the following interval: 7222' - 7296', 2 jspf, .50" in diameter, for a total of 148 holes. Fraced interval 7222' - 7296' with 130,000 gal 30# cross-linked gel and 112,500# 20-40 mesh brady sand. Circulated casing clean with 2% KCL water. Landed 2-7/8" tubing at 7340'. Ran pump and rods and released the rig on 10-29-87.

18. I hereby certify that the foregoing is true and correct

SIGNED Shaw

TITLE Adm. Supervisor

DATE NOV 11 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

FARMINGTON RESOURCE AREA
DATE _____

BY _____

CONFIDENTIAL

*See Instructions on Reverse Side

NMOCC